



# Dreamer's Foundation Foster Application

The Dreamer's Foundation does not have paid employees. Our organization is run entirely by volunteers, and your assistance is greatly appreciated.

Please note: ALL foster parents must be 18 years of age or older.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

### Living Space & Pet Area

Do you rent or own your home? \_\_\_\_\_ If you rent, how many pets are allowed? \_\_\_\_\_

If you rent, please provide a letter of permission from your landlord as well as contact information.

Landlord Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

How long have you been at your current address? \_\_\_\_\_ Do you have a fenced yard? \_\_\_\_\_

If you do not have a fenced yard, do you plan on installing one? \_\_\_\_\_

Where will the pet sleep at night? \_\_\_\_\_

How many hours a day will the pet be left alone? \_\_\_\_\_

If no one is home, where will the pet be kept? \_\_\_\_\_

Will the pet be kept indoors? \_\_\_\_\_ If not, then where? \_\_\_\_\_

How will the pet be exercised? \_\_\_\_\_

### Family Information

Does every family member agree with fostering a pet? \_\_\_\_\_

Do you have children? If so, how old are they? \_\_\_\_\_

Are your children good with pets? \_\_\_\_\_

Who will be the primary caretaker of the pet? \_\_\_\_\_

### Please tell us about any pets you have:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Still Own: \_\_\_\_\_

Does it live indoor or outdoors? \_\_\_\_\_ Is it good with other animals? If no, please explain. \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Still Own: \_\_\_\_\_

Does it live indoor or outdoors? \_\_\_\_\_ Is it good with other animals? If no, please explain. \_\_\_\_\_

### Please tell us about your animal experience.

I have experience with: Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other: \_\_\_\_\_

Dog Aggression \_\_\_\_\_ Cat Aggression \_\_\_\_\_ Separation Anxiety \_\_\_\_\_

Housetraining \_\_\_\_\_ Inappropriate Chewing \_\_\_\_\_ Hyperactivity \_\_\_\_\_

Pulling on Leash \_\_\_\_\_ Escaping Fenced Areas \_\_\_\_\_ Other, Please Explain: \_\_\_\_\_

Resource Guarding \_\_\_\_\_ Inappropriate Jumping \_\_\_\_\_

Excessive Barking \_\_\_\_\_ Crate Training \_\_\_\_\_

*Which of the following behavior issues are something you are not prepared for as a foster home, and would make you consider re-homing your foster dog?*

Dog Aggression _____	Cat Aggression _____	Separation Anxiety _____
Housetraining _____	Inappropriate Chewing _____	Hyperactivity _____
Pulling on Leash _____	Escaping Fenced Areas _____	Other, Please Explain: _____
Resource Guarding _____	Inappropriate Jumping _____	_____
Excessive Barking _____	Crate Training _____	_____

If you experience behavioral problems with your foster pet, how will you deal with it? \_\_\_\_\_

Would you continue to foster the pet with a behavioral issue until a new foster home is found? \_\_\_\_\_

What items (crate, food, toys, etc.) would you need the Dreamer's Foundation to provide? \_\_\_\_\_

Why would you like to participate in our foster care program? \_\_\_\_\_

*Please tell us about any experience, skills, or any other information that was not covered on this form that you think would be useful to the Dreamer's Foundation.* \_\_\_\_\_

*Please list two (2) personal references (NOT related to you) that you have known for at least two (2) years.*

Reference 1

Name: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Reference 2

Name: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Are you willing to allow a representative of the Dreamer's Foundation to interview you for consideration of fostering with our program? Yes / No

I, \_\_\_\_\_, agree that this application is only a consideration for being a foster home and that the Dreamer's Foundation reserves the right to refuse any applicant at any time for any reason. I certify that by submitting this application, any and all information provided is true and correct and that I am at least 18 years of age.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dreamer's Foundation Representative

\_\_\_\_\_  
Date

***The Dreamer's Foundation will automatically care for veterinary needs and medications of our foster animals. Please contact a representative with any questions prior to seeking medical treatment regarding a foster animal.***